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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number 10/830,154			ing Date 22/2004	To be Mailed
APPLICATION AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY				HER THAN ALL ENTITY
	FOR		NU	NUMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))		N/A		N/A			N/A			N/A	
SEARCH FEE (37 CFR 1.16(k), (i), or (m))				N/A			N/A		N/A			N/A	
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))				N/A		N/A			N/A			N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•			x s =		OR	x \$ =		
	EPENDENT CLAIM CFR 1.16(h))	S		minus 3 =		•			x \$ =			x \$ =	
	APPLICATION SIZE (37 CFR 1.18(s))	FEE	If the specification and sheets of paper, the ap is \$250 (\$125 for smal additional 50 sheets of 35 U.S.C. 41(a)(1)(G)			ll entity) for each r fraction thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))													·
' If the difference in column 1 is less than zero, enter "0" in column 2.												TOTAL	·
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)										OTHER THAN SMALL ENTITY OR SMALL ENTITY			
AMENDMENT	11/09/2007	CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	· 40		Minus	·· 40		= 0	Ì	x \$ =		OR	X \$50=	0
	Independent (37 CFR 1.16(h))	• 4	· 4		···4		= 0		x \$ =		OR	X \$210=	0
	Application Size Fee (37 CFR 1.16(s))												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))										OR		
2/22/2									TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
S 37/08 (Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIN REMAIN AFTE AMENDA	AS NNG R		NUA PREVI PAIC	HEST MBER OUSLY DEOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.18(i))	$\cdot \mathcal{H}$		Minus	··V		=		x \$ =		OR	x \$ =	
	Independent (37 CFR 1.16(h))	· 4		Minus	Z		= /		x \$ =		OR	X \$ =	
	Application Size Fee (37 CFR 1.16(s))]		
ΑΝ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))										OR		-
									TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
•• If	* If the entry in column 1 is less than the entry in column 2, write *0" in column 3. ** If the *Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter *20". ** If the *Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter *3". The *Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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